

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

28045

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis*

Registration District No. *701*
Primary Registration District No. *701*
(No. *3949*, *Maffitt ave.*

File No.
Registered No. *7122*
St. Ward)

2. FULL NAME

Anna Lynch Bates
(a) Residence, No. *3949 Maffitt ave.*, St. *11* Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <i>Edward Bates</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Sept. 18-1873</i>		
7. AGE	YEARS <i>59</i>	MONTHS <i>10</i>
	DAYS <i>29</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>at home</i>	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis mo.</i>		
FATHER	13. NAME <i>Redmond Burns</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Canada</i>	
	15. MAIDEN NAME <i>Bridget Morrissey</i>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>	
	17. INFORMANT (ADDRESS) <i>Mrs. Thos. F. Flynn 3949 Maffitt Ave.</i>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Calvary Cemetery</i> DATE <i>Aug 19, 1933</i>		
19. UNDERTAKER (ADDRESS) <i>Cullinane Bros. 1010 N. Grand St.</i>		
20. FILED <i>J. F. Brebeck</i> 19 <i>33</i>		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug. 17, 1933*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 12, 1933*, to *Aug 17, 1933*
I last saw her alive on *Aug 17, 1933*. Death is said to have occurred on the date stated above, at *9:45 a.m.*
The principal cause of death and related causes of importance were as follows:
466 Coronary Arteriosclerosis
466 Chronic Interstitial Nephritis
Other contributory causes of importance:
Chronic Interstitial Nephritis

Name of operation *none* Date of
What test confirmed diagnosis? *symptoms* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *no* Date of injury, 19
Where did injury occur? *no*
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. *no*

Manner of injury *no*
Nature of injury *no*

24. Was disease or injury in any way related to occupation of deceased?
If so, specify *no*
(Signed) *Dr. F. W. Harniman*, M. D.
(Address) *2743 N. Grand St.*

D. r. Harmon
Lundell Trust Co.